

3-000 Enrollment Broker Services - Basic Benefits Package

3-001 Overview of Enrollment Broker Services: Enrollment broker services (EBS) provided for the NHC in the designated coverage area are provided through a contractual arrangement with the Lincoln/Lancaster County Health Department (i.e., Access Medicaid). EBS requirements for Public Health Nursing (PHN) and related services are not intended to replace any of the PCP or medical/surgical plan responsibilities; but rather to augment the overall coordination of care issues for the NHC client.

The EBS is a contracted entity that completes the following NHC functions: initial client marketing, education and outreach, enrollment activities, health assessment, health services coordination, public health nursing, Helpline services, client advocacy, and satisfaction surveys. The EBS is required by contract to develop protocols, plans, and procedures to implement these functions.

The EBS assists clients in the process of enrolling in the NHC, selecting their PCP and medical/surgical plan, and in accessing and understanding all facets of the NHC. The EBS also assists in the transfer and waiver of enrollment/disenrollment of clients and in the coordination of support services throughout the provider network. The EBS shall assist and support clients in their communities to achieve maximum health status and to fully participate as informed clients in the NHC.

The EBS shall provide access to translation and interpreter services and shall ensure that all necessary accommodations are made to ensure the special needs of the NHC clients are addressed throughout the enrollment process.

3-002 Distribution of Informational and Marketing Materials: The EBS is responsible for the distribution of informational and marketing materials to the NHC client, as it relates to enrollment activities. The EBS shall ensure that any informational and marketing materials are completed in coordination with the medical/surgical plan approved by the Department and meet the following guidelines:

1. All materials must be developed in a manner that ensures a thorough understanding by the client and that a client's special needs (i.e., language barriers, disabilities, cultural/socioeconomic sensitivity, competency, reading level, etc.) are appropriately addressed;
2. All printed materials must be in an easily understandable format at a fourth grade reading level;
3. All methods of communication (e.g., written, oral, audio, video, interpreted, etc.) may be used;
4. Materials on all NHC service components must be distributed equitably and without bias to any particular medical/surgical plan;
5. Materials must be made available in sufficient amounts for all clients and other interested parties to ensure client access to information;
6. Materials must clearly state information about NHC, ensuring the client has adequate information to make an informed selection and include information listed in 482 NAC 3-003;

7. Materials must be reviewed and approved by the Department, i.e., designated staff and the Medicaid Advisory Group;
8. EBS shall provide documentation to the Department showing the development of all orientation/educational materials included an external advisory review and that the external advisory group included clients and/or client advocates;
9. EBS shall review materials to ensure current and accurate representation of all NHC services, the medical/surgical plan information and related Nebraska Medical Assistance Program services;
10. EBS shall update information as changes occur or as areas of concern/information are identified by the Department, medical/surgical plans, or clients;
11. EBS shall ensure that any client-specific information is treated confidentially;
12. Publish or otherwise release client information only with the prior written approval of the Department;
13. All materials must clearly state that all necessary accommodations will be made to assist the client;
14. Continue to explore innovative ways to communicate to the clients with special needs, e.g., a videotape that includes a persons signing, with closed captions and in other languages;
15. Provide the EBS accurate information regarding services.

(See 482-000-17, Departmental Review Procedures.)

3-003 Enrollment Activities: The EBS shall complete the following enrollment activities for mandatory clients (and also for potential mandatory clients, as agreed upon by the Department and the EBS), in coordination with the medical/surgical plan and the Department:

1. Educate clients concerning the full range of Medicaid benefits, including all NHC options and covered services, including:
 - a. A general explanation of NHC;
 - b. Mandatory and excluded groups of clients;
 - c. The purpose/benefits of managed care, including the definition of the medical home concept and the difference between fee-for-service and managed care;
 - d. The role of the PCP;
 - e. An explanation of how the client shall choose a PCP and medical/surgical plan;
 - f. An explanation of auto-assignment;
 - g. An explanation that the PCP and medical/surgical plan shall either provide or approve services included in the Basic Benefits Package;
 - h. An explanation of the HEALTH CHECK (EPSDT) program, if age appropriate, including how to access screening services (health, dental, vision, and hearing);
 - i. An explanation of services not covered by the NHC and how the client may access these services;
 - j. An explanation of those services which do not require PCP or medical/surgical plan approval or prior authorization (e.g., family planning and emergency services);
 - k. An explanation of the availability of the TTY/TDD and interpreter services;

- l. An explanation of transfers and disenrollment;
 - m. An explanation of client/provider rights and responsibilities;
 - n. An explanation of the complaint/grievance/appeal/process; and
 - o. An explanation of how to be an effective health care consumer;
 2. Provide the client with brochures and written materials that are easily understood by the client, and developed in ways appropriate to meet the needs of the client;
 3. Provide an assessment of health and social needs;
 4. Assist the client in choosing a PCP and medical/surgical plan based on a process, approved by the Department, protecting the client's right to choose and that is equitable and without bias to any particular medical/surgical plan; identifying any existing relationships with health care practitioners; and emphasizing the importance of prompt selection of a PCP and medical/surgical plan. The client is free to choose a PCP and medical/surgical plan from all available options, however, the EBS shall screen for the following and similar information:
 - a. Geographical location of the client, his/her legal representative, significant family member(s), foster parent, child welfare worker, etc.
 - b. Access (e.g., transportation issues);
 - c. Medical need/provider specialty based on information provided by the client;
 - d. Established utilization patterns based on information provided by the client;
 - e. Family groupings;
 - f. Current medical relationships, e.g., the client has received services from an enrolled PCP;
 - g. Number of physicians in the geographical areas;
 - h. Number of available slots per PCP; and
 - i. Unique features about the PCP, e.g., skilled in foreign/sign language, preferences by a client's particular culture or religious beliefs, etc.
 5. The EBS shall assist the client in the resolution of problems relating to the accessibility of health care delivery, including but not limited to, identifying transportation service issues, language barriers, and handicap accessibility issues; and
 6. The EBS shall enter the PCP and medical/surgical plan selection in the Managed Care File (see 482-000-5). The Department shall notify the medical/surgical plan of all enrollments on the monthly enrollment report (see 482-000-10).

The EBS shall provide the client with plan developed and supplied provider directories and information on covered services in the Basic Benefits Package (and also to potential mandatory clients, as agreed upon by the Department and the EBS).

The EBS shall also coordinate the following with the medical/surgical plan, if requested by the mandatory client or potential mandatory client:

1. Client rights and responsibilities;
2. Identity, location, qualifications and availability of health care providers that participate with the medical/surgical plan;
3. Complaint, grievance and appeal procedures; and
4. Information regarding covered items and services.

(See 482-000-18, Script of the Enrollment Process and Sample Materials.)

3-003.01 Enrollment Outreach: The EBS is responsible for the activities and associated marketing, informational, and educational materials which precede selection or assignment of a client to a PCP and medical/surgical plan. Enrollment outreach activities include, but are not limited to, mailings, follow-up, and orientations, conducted by telephone or in person, as appropriate to meet the needs of the client, e.g., use of an interpreter, etc. Outreach shall continue after auto-assignment if the client did not have the opportunity to benefit from education about the NHC.

3-003.02 Health Assessment: The Health Assessment (see 482-000-4) is designed to establish the client's basis health status and assist the EBS in identifying administrative enrollment, health and social issues. If utilized over time, it will also provide a mechanism for the Department to establish the impact of managed care on the overall health status of the Medicaid population enrolled in NHC.

The EBS shall administer the health assessment in a manner that is sensitive and responsive to each client's individual circumstances.

The EBS shall review specified results of the health assessment with the client to enable the client to make an informed choice regarding a PCP and medical/surgical plan to best meet his/her needs.

Information from the health assessment will be sent to the client's medical/surgical plan, to be shared with the PCP for purposes of medical management of the client by the PCP and medical/surgical plan.

The status of indicators specified in the EBS protocols must be discussed with the client. As medically indicated, the EBS shall immediately refer clients with certain indicators to the client's PCP if enrollment in the NHC is effective; and to available health services if the client is not enrolled in NHC. The EBS shall contact the PCP regarding the referral and work with the client to ensure follow-through with the referral.

3-004 Public Health Nursing (PHN): A major component of the NHC is Public Health Nursing (PHN). PHN provides a client-centered approach to achieve the maximum health status possible for each client enrolled in the NHC and to ensure the client experiences a seamless integrated health care delivery system including a variety of community resources known to affect health status outcomes.

Referrals to the PHN may be initiated by the PCP or medical/surgical plan, Department, or other appropriate individuals.

The EBS is a resource to the PCP, medical/surgical plan and the client. The PHN component of the EBS provides a public health component to the delivery of health care services, and assists the PCP and medical/surgical plan when the client's environment interferes with a positive medical outcome. In providing this function, the EBS shall not perform home health or personal care aide activities.

The PHN component works as an extension of the PCP to improve the health and wellness of the client, but only after the PCP and medical/surgical plan have exercised his/her responsibilities.

3-004.01 Reasons for Referral: The EBS is responsible for promoting effective utilization of health resources to enable clients to better manage their own health care and to build community support systems by encouraging health, wellness, and a positive relationship with the PCP and medical/surgical plan. Intervention by the EBS may occur, but is not limited to, the following situations:

1. When the client is not effectively accessing or utilizing the NHC system, assisting the client through advocacy, assessment, issues-oriented liaison activities, and education;
2. Serving as a resource to the PCP and medical/surgical plan in identifying other state and community-based agencies providing vital health and social supports for clients;
3. Assisting the PCP and medical/surgical plan in complying with federal requirements for HEALTH CHECK (EPSDT) services; and
4. Assisting the PCP and medical/surgical plan in providing services to high-risk pregnant women and their infants, taking into account age, education, alcohol or drug use/abuse, weight, medical and psychosocial conditions and the need to ensure access to needed medical, social, educational and other services.

3-004.02 PHN Outreach: When necessary, the EBS shall schedule visits with the client and family. The visits may be performed at the Health and Human Services local office, in the client's home, other mutually agreeable site, or by telephone, whichever is most expeditious and convenient to the client and the EBS.

3-004.03 PHN Needs Assessment: The EBS shall conduct an assessment of needs for each referral which may include, but is not limited to:

1. Medical conditions(s), illness and treatment history, current medications and treatment plans, assessment of compliance with prescribed treatments, and family medical histories;
2. Previous medical providers and hospitalizations, both for assessment purposes and to ensure appropriate records and information are transferred to a new provider and proper client authorization for the transfer is obtained;
3. The specific community and/or public services with which the client had existing or recent relationships; the existence of case manager(s) and/or recent relationships; and/or service caseworkers;
4. A detailed family/individual assessment of medical, supportive, social needs, and behaviors which place the client at risk for disease, injury, or other barriers to health care, employment, or daily living requirements; and
5. Provide specific follow-up education and referral/service planning regarding the specific issues, if any, which were raised by the PCP and medical/surgical plan at the time of the referral to the EBS.

3-004.04 Documentation of Requests for PHN Services: The EBS shall document each request for PHN. The EBS documentation may include but is not limited to:

1. The nature or extent of the problem;
2. Attempts to resolve/triage the problem;
3. Referrals or other evaluation already made on the client's behalf;
4. An explanation of what action was requested and time frames; and
5. Source of referral.

The EBS shall contact the PCP within five working days of the request.

The PHN, in partnership with the client, PCP, medical/surgical plan, or other pertinent entities, shall develop a medical/surgical plan to address the needs identified in the assessment process to promote optimum levels of health and ensure the client is able to receive maximum benefits from medical intervention.

3-004.05 Coordination with the PCP, Medical/Surgical Plan and Healthcare Delivery Team: The PHN shall, in partnership with the client, coordinate with the PCP and medical/surgical plan information obtained regarding health status, lifestyle, and other information relevant to case management of the individual client. The PHN shall present written reports and documentation to the PCP and medical/surgical plan, as appropriate, and consult in person or by telephone with the PCP and medical/surgical plan regarding the client according to established EBS protocols.

3-004.06 HEALTH CHECK (EPSDT) Outreach: HEALTH CHECK (EPSDT) services is a priority for the NHC and, as such, should be emphasized whenever appropriate and feasible with families who have children age 20 and younger. The EBS shall work cooperatively with the PCP and medical/surgical plan to:

1. Promote preventive health care and encourage eligible children to receive HEALTH CHECK (EPSDT) screening examinations according to the American Academy of Pediatrics periodicity schedule. Target groups to focus on are:
 - a. Newly Medicaid eligible children;
 - b. Other Medicaid eligible children who have not had timely HEALTH CHECK (EPSDT) examinations; and
 - c. Children from birth to their second birthday, particularly infants and toddlers that may need immunizations, lead level testing, developmental testing and hearing testing;
2. Receive referrals from the PCP and medical/surgical plan regarding children who missed screening appointments without cancellation based on guidelines established by the Department; contact with families to determine barriers to care; assist in rescheduling appointments, and counseling families about keeping appointments;
3. Receive referrals from the PCP and medical/surgical plan regarding children who are screened, referred for further diagnosis and/or treatment and who did not follow-up with treatment services per guidelines set forth by the Department; contact families to determine barriers to care and assist the families in initiating care in a manner supportive to the family;
4. Encourage all newly eligible children who have not had a screening examination to make an appointment for a health and dental screening. The family will be counseled on the importance of health supervision and regular checkups and will be assisted in removing barriers to care;
5. If requested, assist families with appointment scheduling with the PCP and dentist, if the child is age three or older; and
6. Complete a second contact or send a reminder if an examination is not scheduled in 30 days. The reason for declination must be documented.

(See 482-000-19, HEALTH CHECK (EPSDT) Services Procedure Guide.)

3-005 Helpline: The EBS shall establish a telephone Helpline to provide basic answers to client questions regarding the NHC. The Helpline will be staffed and equipped in appropriate technologies, e.g., TTY/TDD and language services, etc., to accommodate the client needs. The Helpline shall:

1. Respond to clients' questions about the NHC and facilitate referrals to community resources, as appropriate;
2. Make reasonable efforts to resolve or otherwise respond to NHC issues raised by clients or providers, including but not limited to:
 - a. Inquiries from NHC providers regarding the policies, procedures, and protocols of the NHC, as defined and provided by the Department;
 - b. Problems related to services provided under the NHC. Resolution of this type of problem may require referral to the Department;

3. Facilitate the resolution of nonclinical services disputes between clients and PCP and medical/surgical plan, in accordance with policy, procedures, and protocols of the NHC as defined and provided by the Department. This may include, but is not limited to:
 - a. Unreasonable waiting periods of appointments;
 - b. Dissatisfaction with specialty referrals;
 - c. Unsatisfactory client/provider relationships;
 - d. Unsatisfactory client/provider relationships; and
4. Provide a mechanism for reporting complaints and client or PCP requests for transfers and disenrollments.

The Helpline must be available to all NHC clients, PCP, medical/surgical plans and others. The EBS shall provide information to the Department and the medical/surgical plan regarding Helpline activities.

3-006 Client Satisfaction: The EBS shall conduct client satisfaction surveys to evaluate the availability, quality and outcome of care from the client's perspective. The surveys must identify and allow investigation of sources of dissatisfaction, permit action to be taken on findings and provide information to the Department and the PCP and medical/surgical plan. Satisfaction surveys shall include, but are not limited to, the following areas and shall be conducted at a minimum of not less than annually:

1. Access to care;
2. Utilization;
3. Coordination of care;
4. Continuity of care;
5. Health education;
6. Quality of care;
7. Understanding of cultural differences; and
8. Respect afforded the client and/or family.

The survey instrument may be administered as a questionnaire (either in person, by mail or in other appropriate forms to meet the client's needs), a telephone survey, focus groups and complaint logs. The EBS shall submit reports on the surveys according to Department requirements. Survey results will be shared with the medical/surgical plan according to Department guidelines.

3-006.01 Survey Tool: The EBS shall develop or utilize already existing tools and develop a program with measurable goals and objectives. The Department shall approve the process and survey tool prior to its use, and will work cooperatively with the medical/surgical plan and EBS in developing the client satisfaction survey process.

3-007 Client Advocacy: The EBS is required to provide general advocacy services on behalf of clients. This component of the EBS is incorporated into the entire array of activities performed by the EBS.

Handling of client and provider complaints is a primary function of the EBS and requires a client advocacy approach to the resolution.

The EBS is responsible for the components of client advocacy, including but not limited to:

1. Receipt of client complaints from all sources. The EBS shall respond to all client complaints according to guidelines established by the Department. The EBS shall attempt to resolve any conflicts with the PCP and medical/surgical plan when in the client's best interest. EBS shall maintain a client complaint log, which must be approved by the Department. All client complaints must be handled by the EBS and resolved in the least restrictive manner possible;
2. When complaints cannot be resolved through the EBS, the EBS shall advise the client of his/her rights and responsibilities to pursue complaints, and grievances, including requesting a fair hearing. The EBS shall also inform the client of the availability of the State Ombudsman Office; and
3. Appeals to the Department regarding any adverse decision made by the Department or its designee may be formally requested through the Health and Human Services local office. The EBS shall advise the client of the appeal process available under 465 NAC, when complaints cannot be resolved.

3-008 Lock-In Procedures: Lock-in is a method used by the Department to limit the medical services of a client who has been determined to be abusing or overutilizing services provided by the Department without infringing on the client's choice of providers.

A lock-in client completes standard enrollment activities for the NHC. Enrollment into the NHC may change the client's previous lock-in categories of pharmacy, primary care physician and hospital, or identify through the EBS that a new lock-in status for the client is recommended. The EBS shall complete the necessary information pertaining to a client's lock-in status, at the time of enrollment.

A lock-in client may transfer from one PCP and medical/surgical plan to another as defined in 482 NAC 2-003.

(See 482-000-20, Lock-in Procedure Guide.)

